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JCP-962 U.S. PTO

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)**

<b>Address to:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	<i>Attorney Docket No.</i>	2207/11839
	<i>Inventor(s)</i>	MICHAEL RUEHLE
	<i>Express Mail Label No.</i>	EL566655594US
	<i>Total Pages</i>	26

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06/22/01  
09/888105**Title of Application:****METHOD AND APPARATUS FOR ACTIVE MEMORY BUS PERIPHERAL  
CONTROL UTILIZING ADDRESS CALL SEQUENCING****Transmitted with the patent application are the following:**

2 Page(s) Transmittal form (and one copy)  
 16 Page(s) Cover Page (1), Specification (9), claims (5), abstract (1)  
 4 Page(s) Formal drawing  
 2 Page(s) Declaration and Power of Attorney (signed)  
 2 Page(s) Recordation of Assignment and Assignment form  
 1 Page(s) Information Disclosure Statement (IDS) (copies of citations not included in number of pages)  
 1 Page(s) Certified copy of:

This application is a Continuation / Continuation-in-Part / Divisional of prior application Serial No. \_\_\_\_\_, filed \_\_\_\_\_.

<b>Fee calculation for large entity:</b>	<b>No. Filed</b>	<b>No. Allowed</b>	<b>No. Extra</b>	<b>Rate</b>	<b>Fee</b>
<b>Basic Fee</b>					\$710.00
<b>Total Claims</b>	30	20	10	× 18.00	\$180.00
<b>Independent Claims</b>	3	3	0	× 80.00	\$0.00
<b>Multiple Dependent Claim</b>				+ 260.00	
				<b>Assignment</b>	\$40.00
				<b>Total</b>	\$930.00

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or arising during the pendency of this application per 37 CFR §1.16-1.21, or to credit any overpayments, to Deposit Account 11-0600.

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25693

PATENT TRADEMARK OFFICE

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I hereby certify that the above paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231

Date of deposit: **June 22, 2001**

Person mailing paper/fee: Pilar Rodriguez

Signature

**Respectfully submitted,**

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